

Application for Use of Library Materials

Name _____

Drivers Lic. # _____

Home address _____

City _____

Zip _____

Phone (H) _____

School or Organization Name _____

Work address _____

City _____ Zip _____

Phone (W) _____

Email address _____

Signature _____

**Mail or FAX application to:
Perpich Center for Arts Education Library
6125 Olson Memorial Hwy
Golden Valley, MN 55422**

FAX # - 763- 591- 4646

**Please let us know of any address, e-mail, or
telephone number changes. Thank you.**

Questions? – Call: 763-591-4700 or 1-800-657-3515